

Utah County Medical Reserve Corps Application

Welcome to Utah County Medical Reserve Corps. We appreciate your willingness to volunteer your time and experience to increasing our county's ability to ensure the health and safety of our citizens.

Applicant Information:	
Full Name:	
Social Security Number:	
Home Number	Cell Number
Email:	
Full Address:	
Emergency Contact Information:	
Name:	
Phone Number	
Education:	

School	Highest grade completed	Degree	Туре	Year completed

What is the highest level of education completed:

Professional Licensing:

Туре	Serial number	Issue date	Expiration

Other Information:		
Do you have any other speci-	alized emergency training? (Fi	EMA, Red Cross, ect)
Languages you speak other	than English	
Current Employment:		
References: List two references:	ences that do not live with you	that have knowledge of your
Name	Relation	Phone Number
SIGNING THIS STATEM I affirm this application conta information is true and compl permission to inquire into my employment, volunteer histor of any such records to releas Utah County Health Departm criminal, that may arise as a hold harmless any individual,	G PARAGRAPH CAREFLEID IENT: ins no misrepresentation or fallete to the best of my knowledge educational background, refer y and police record. I further go the same to the UCMRC and ent (UCHD) harmless of any light result of the release of the information agency, business or corporation. I understand that as a UCM	sification and that the ge and belief. I give UCMRC rences, driving record, live permission to the holder d I hold the UCMRC and lability, whether civil or or mation about me. I further ion that provides
Signature		Date

Return completed application to:
Utah County Health Department Suite 2600
Amy Cornell-Titcomb, UCMRC Coordinator
151 S University Ave
Provo UT 84601